Application for Opportunity Grant

Name of Agency/Applicant:						
Address:						
Phone number:	E-mail:	Wel	osite:			
Contact Person:						
Federal Tax Identific	cation Number:					
Council Priority Are	a:					
Transportation	Employment	Housing	Formal & Informal			
Health	Education & Early Intervention	Quality Assurance	Community SupportsChildcare			
1. Who is the target	audience of your proje	ect?				
	or concern that your p pecific as possible.)	oroposal will address? V	Vhat outcomes do you expect to			
3. What do you plan	n to do in your project'	?				

4. Identify the steps or activities you will need to have in your project to reach your outcome. Be sure to include specific dates on which you anticipate these activities or steps will be reached. This section should include the numbers of people you will reach with each stage of your project and the dates that the activities or steps will be accomplished. Your answer will describe your workplan and timeline. One step must focus on activities related to sustaining the project after DD grant funds end.

5.	Who are the key people that will implement the project? If the key people are already employed by your agency, explain their current role and how it will be changed by the grant. If you are requesting funds for their salaries, explain why you need Council funds to support them.
6	Is this a new project or has it energeted before? If so, what were the results?
v.	Is this a new project or has it operated before? If so, what were the results?
7.	Explain why traditional funding sources (special education funding, Medicaid, DD Services, etc.) are not available/appropriate for this project.

8.	Successful projects will consider not only how the project can be a part of the community, but
	how the community can be a part of the project. Examples could include involving an
	individual from the community who is unfamiliar with developmental disabilities as part of an
	advisory board to the grant, or soliciting community organizations or businesses to support
	and/or participate in the grant activity.

In what ways will this project include the general community?

Explain how the proposal will include participants with respect to race and ethnicity.

9. How will the outcomes of this project be sustained after the grant is over? Include a description of the activities, features or practices of the grant that the applicant wants to sustain.

10. Complete the budget form. Please attach a brief justification narrative to explain expenses listed. Budget Justification is limited to one page.

Item	DD Funds Requested	Matching Funds	
		Cash	In-Kind
Personnel-indicate name of			
personnel and % of time they			
will work on the project			
Benefits			
Benefits			
Office Eymonges			
Office Expenses			
Supplies			
Printing			
Rent			
Phone			
Postage			
Travel			
Mileage			
Timeage			
Meals & Lodging			
Wedis & Loughig			
Other Costs			
Other Costs			
Consultants			
TOTAL			
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11. Budget Justification